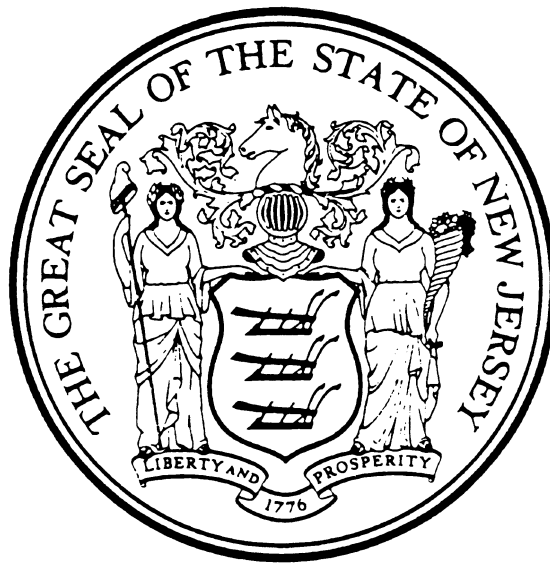


**STATE OF NEW JERSEY**  
**Division of Gaming Enforcement**



**CASINO EMPLOYEE LICENSE  
CONVERSION APPLICATION**

# Casino Employee License Conversion Application

## INSTRUCTIONS

Read and answer each question carefully and completely. Leave no questions unanswered. **TYPE** or **PRINT** (in ink) all entries except your signature. Send the **ORIGINAL** of this **COMPLETED FORM** and the **RELEASE AUTHORIZATION**, and any other required attachments to:

New Jersey Division of Gaming Enforcement  
Tennessee Avenue and the Boardwalk  
Atlantic City, New Jersey 08401

EXPIRATION DATE: \_\_\_\_\_ OLD LICENSE NUMBER: \_\_\_\_\_ -21 NEW LICENSE NUMBER: \_\_\_\_\_ -35  
(Month, Year)

**Note:** Application for Conversion **MUST** be submitted to the Division of Gaming Enforcement **TWO** months prior to the expiration date of the current license. **The conversion fee for a Casino Employee Registration is \$95.** Payment may be made by credit card (Visa, MasterCard, American Express, or Discover) or check or money order (NO CASH), payable to the **CASINO CONTROL FUND**. **All application fees are nonrefundable.**

\_\_\_\_\_  
LAST NAME (and Jr./Sr., if any) FIRST NAME MIDDLE

\_\_\_\_\_  
CHANGE NAME TO: LAST NAME (and Jr./Sr., if any) FIRST NAME MIDDLE

Reason for change of name:

☐ Marriage ☐ Divorce ☐ Court Order ☐ Other \_\_\_\_\_

**Note:** A Name Change **MUST** include a copy of the Marriage License, Divorce Decree or Court Order.

\_\_\_\_\_  
DATE OF BIRTH (Month, Day, Year) Height Weight Hair SOCIAL SECURITY NUMBER <sup>1</sup>

\_\_\_\_\_  
Home Telephone Number with Area Code Daytime OR Work Telephone Number with Extension and Area Code

\_\_\_\_\_  
Cell Number with Area Code E-Mail Address

\_\_\_\_\_  
HOME ADDRESS (Number and Street with Apartment #, if any)

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
MAILING ADDRESS, if different (P.O. Box)

\_\_\_\_\_  
City State Zip Code

<sup>1</sup> In accordance with Section 7 of the Privacy Act, disclosure of your Social Security Number is voluntary. If provided, your Social Security Number will be used to obtain and verify information for your license or registration.

1. Are you a United States citizen?

☐ Yes ☐ No

**If YES**, and you have become a U.S. citizen since your last application filing, you must provide a copy of your U.S. passport or naturalization papers.

**If NO**, you must submit a copy of your United States Citizenship & Immigration Services (USCIS) identification card and/or any other USCIS document that conditions or restricts your employment.

2. Are you now or have you been employed by any casino hotel or applicant for a casino hotel license since your last application filing?

☐ Yes ☐ No

**If YES**, please complete the following, beginning with your current or most recent employment, listing any casino hotel employment since you were initially licensed or since your last application filing.

NAME AND ADDRESS OF CASINO HOTEL	FROM	TO	POSITION HELD
	Month/Year	Month/Year	

3. Are you employed in any non-casino hotel position or any position not identified in the previous question?

☐ Yes ☐ No

**If YES**, please complete the following:

NAME OF BUSINESS	NUMBER AND STREET	CITY	STATE	ZIP	SUPERVISOR'S NAME

4. Have you been reprimanded, suspended, terminated, or asked to leave (for any reason), by an employer since your last application filing?

☐ Yes ☐ No

**If YES**, please complete the following:

NAME AND ADDRESS OF CASINO HOTEL	NATURE OF ACTION	REASON	DATE

5. Have you had any license, work permit, or certificate to work in the casino gaming industry suspended, revoked, denied, or had any disciplinary action taken concerning it, in New Jersey or any other state or jurisdiction since your last application filing?

☐ Yes ☐ No

If **YES**, please complete the following:

NATURE OF ACTION	TYPE OF LICENSE, PERMIT OR CERTIFICATE	GOVERNMENT AGENCY INVOLVED	DATE OF ACTION	REASON FOR ACTION

6. For the purpose of this question, the word “arrest” includes any detaining, holding, or taking into custody by any police or other law enforcement authorities, to answer for the alleged performance of any “offense.” The word “charge” includes any indictment, complaint, information, summons, or other notice of the alleged commission of any “offense.” The word “offense” includes all felonies, crimes, high misdemeanors, misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses, and violations of probation or any other court order.

**Note:** You need not disclose any arrest or charge which has been the subject of a lawful court order of expungement or sealing, if such order entitles you to answer “no” to such questions.

Have you ever been arrested or charged, even if not convicted, with any crime or offense, in any jurisdiction, since your last application filing?

☐ Yes ☐ No

If **YES**, please complete the following:

NATURE OF CHARGE OR OFFENSE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DATE OF CHARGE	DISPOSITION

7. Have you been sued or named as a defendant or respondent (including matrimonial matters, negligence matters, auto accident matters, contract matters, collections matters, debt matters, etc.), since you were initially licensed or since your last license renewal? Have you had any financial liens or judgments filed against you (including federal and state tax liens, delinquent child support obligations, defaulted student loans, unemployment judgments, etc.), since your last application filing?

☐ Yes    ☐ No

**If YES**, please complete the following:

NATURE OF SUIT	NAME, ADDRESS OF COURT	DATE FILED	NAMES OF OTHER PARTIES INVOLVED	DISPOSITION

**STATEMENT OF TRUTH**

STATE OF \_\_\_\_\_:

SS:

COUNTY OF \_\_\_\_\_:

I, \_\_\_\_\_, being duly sworn according to law, deposes and says:  
(Print Name)

1. I am the applicant who is submitting this application form.
2. I personally supplied the information contained in this form.
3. I understand and read the English language, or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

\_\_\_\_\_  
(Date)

\_\_\_\_\_ (Legal Signature)  
(Signature of Applicant)

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(State)

PARA SER COMPLETADO SI USTED NO LEE O ENTIENDE INGLES Y SI SU PRIMERA LENGUA ES ESPANOL

**DECLARACION DE VERDAD**

ESTADO DE \_\_\_\_\_:

SS:

CONDADO DE \_\_\_\_\_:

Yo, \_\_\_\_\_, siendo debidamente jurado de acuerdo a la ley depone y dice:

1. Yo soy el solicitante quien esta sometiendo esta planilla.
2. Yo suministre personalmente la informacion contenida en esta planilla.
3. Yo entiendo y leo Ingles, o e tenido un interprete leer, explicar y notar las respuestas de cada y una pregunta en esta planilla.
4. Yo juro (o afirmo) que las declaraciones hechas por mi anteriormente son ciertas. Tengo conocimiento que si algunas de las declaraciones hechas por mi anteriormente son intencionalmente falsas, estoy sujeto a un castigo.

\_\_\_\_\_  
(Date)

\_\_\_\_\_ (Legal Signature)  
(Signature of Applicant)

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(State)

# RELEASE AUTHORIZATION

NAME: \_\_\_\_\_

**LICENSE #:**\_\_\_\_\_

TO: All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions and All Governmental Agencies – Federal, State and Local, without exception, both foreign and domestic.

I, \_\_\_\_\_, have authorized the New Jersey Division of  
(Print Name)

Gaming Enforcement to conduct a full investigation into my background and activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Division of Gaming Enforcement, provided that he or she certifies to you that I have an application pending before the Division of Gaming Enforcement or the Casino Control Commission or that I am presently a licensee, registrant or other person required to be qualified under the provisions of the Casino Control Act.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Legal Signature)

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Notary Public)

(State)